## BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECO								Application or Docket Number					
Effective October 1, 2000									69)	20.	-27		
CLAIMS AS FILED - PART I										<u> </u>	-72		
(Column 1) (Column 2)								اع L. 2	YTITY	OR	OTHER SMALL		
T	OTAL CLAIMS						RAT	ΓE	FEE	] ]	RATE	FEE	
FC	DR .		NUMBER FILED		NUMBER EXTRA		BASIC	FEE	355.00	OR	BASIC FEE	710.00	
TC	TAL CHARGE	ABLE CLAIMS	/4 minus 20=		* -0		X\$ :	9=		OR	X\$18=		
INE	DEPENDENT C	LAIMS	3 minus 3 =		· ~ 0		X40	)=		1	X80=		
MU	JLTIPLE DEPE	NDENT CLAIM P	RESENT						<u> </u>	OR			
* If the difference in column 1 is less than zero, enter "0" in column 2								5= 		OR	<u></u>		
								AL		OR	TOTAL		
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							LL	ENTITY	OR	OTHER SMALL		
4	CLAIMS REMAINING			HIGH NUM	EST	PRESENT			ADDI-	] [		ADDI-	
ER	<u> </u>	AFTER AMENDMENT		PREVIO	DUSLY	EXTRA	RAT	Έ	TIONAL FEE		RATE	TIONAL FEE	
AMENDMENT A	Total	*	Minus	**		=	X\$ 9	)=		OR	X\$18=		
AME	Independent	* .	Minus	***		=	X40	=		OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+135			1	+270=		
•								TAL		OR	TOTAL		
(O-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1								FEE		OR	ADDIT. FEE		
		(Column 1)	]	(Colur		(Column 3)		<u>-</u> 1	4 D D I	71 [			
AWENDWENT B	2.100米疾病患病	REMAINING AFTER	, promise services in the services of the serv	NUMI PREVIC	DUSLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL		RATE	ADDI- TIONAL	
	Total	AMENDMENT	Minus	PAID	FOR				FEE		•	FEE	
	Independent	*	Minus	**	<del></del>	=	X\$ 9	'=   		OR	X\$18=	,	
AR	· · · · · · · · · · · · · · · · · · ·	NTATION OF MU	ILTIPLE DEPENDENT		CLAIM		X40	=		OR	X80=		
								=		OR	+270=		
								TAL		OR	TOTAL ADDIT, FEE		
(Column 1) (Column 2) (Column 3)										•.			
၁		CLAIMS REMAINING		HIGHI	EST				ADDI-	) [	<u> </u>	ADDI-	
ENT		AFTER AMENDMENT		NUME PREVIO PAID F	USLY	PRESENT EXTRA	RATI	Ε ∦	TIONAL		RATE	TIONAL	
AMENDMENT	Total	*	Minus	**		=	X\$ 9	_ }	FEE	OR	X\$18=	FEE	
IME	Independent	#	Minus ***			=	X40=	∦					
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	X80=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+270=		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR	TOTAL ADDIT, FEE		
Ţ	he "Highest Num	ber Previously Paid	d For" (Total or	Independe	nt) is the	highest number			ropriate bo				
• •				•				4			A Section of the section		